

Preamble

The purpose of this document is to show the procedures for making amendments to existing records. The procedures spelled out here are also covered in the video training guides and the text document guides found on the resources page:

<https://www.in.gov/isdh/28076.htm>

Under the heading DRIVE Training and Online Demonstrations, the recorded videos of user training are available.

In the DRIVE Coroner Recorded Training the pre-Registration amendment process at minute 35:44; The post-Registration amendment process occurs at minute 54:00.

In the DRIVE Medical Certifier Recorded Training the pre-Registration amendment process at minute 34:50; the post-Registration amendment process occurs at minute 47:25.

Under the heading **DRIVE User Guides** are the text documents pertaining to each process.

In the DRIVE User Guide Medical Certifiers, the amendment process appears on page 51.



Amendment Process to Records *Prior* to Registration

From the **DRIVE Main Menu**, select **Life Events -> Death -> Locate Case**.



Enter as much decedent information as possible to narrow your search results and click Search.

A screenshot of the "Death Locate Case" search form. The title is "Database Registration of Indiana's Vital Events (DRIVE)". The navigation bar includes "Main", "Life Events", "Queues", "Reports", "Forms", and "Help". The form is titled "Death Locate Case" and contains the following fields:

- Decedent's Information
- First: Last:
- Date of Death: (calendar icon)
- Sex: (dropdown arrow) SSN:
- Date of Birth: (calendar icon)
- Case Id: ME Case Number:
- Medical Record Number:
- Place of Death Location Type: (dropdown arrow) Place of Death:

Buttons at the bottom: Search, Soundex, Clear.

If a record is located, select Preview.

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
4875020	Moore, Alan	JAN-27-2021	Male	Adams	OCT-31-1971	Preview

Total Records : 1

[New Search](#)



If it is the correct record, click the active link ([the decedent's name](#)) under the heading [Decedent Name](#) to open the record.

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
 4875020	Moore, Alan	JAN-27-2021	Male	Adams	OCT-31-1971	Select

Total Records : 1

 [New Search](#)

Preview

File Number: Case Id: 4875020
File Date: Medical Record Number:
Coroner Case Number: Date of Death: JAN-27-2021
Decedent's Name: Alan Moore
Spouse's Name: Nada Surf **Marital Status:** Currently Married **SSN:** Unknown
Sex: Male **Date of Birth:** OCT-31-1971 **County:** Adams
City or Town of Death: Decatur
Place of Death: Adams Memorial Hospital
Residence: Berne Indiana, United States
Mother's Maiden Name: Never When
Funeral Director: Funeral Director Six
Funeral Home: Abbott Funeral Home, 421 E. Main Street, Delphi
Medical Certifier: Death Certifier Six
Date Entered: JAN-27-2021 **Last Update Made By:** Death Certifier Six
Status: /Personal Valid/Medical Valid/Not Registered/Unsigned/Certified/NA/Signature Required

[Provisional Notification of Death](#)

[Working Copy](#)



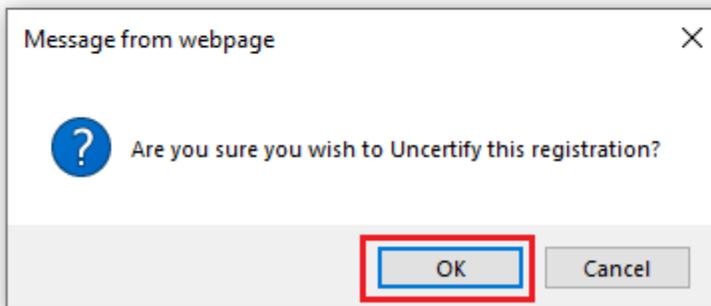


Clicking the **Uncertify** button will cause a pop-up to appear. Click on **Okay**.

Affirmations

This registration is currently certified.

Uncertify Clear Return



Drive will then note that the record has been **Uncertified**.

Affirmations

This registration has been uncertified.

Clear Return



Having **Uncertified** the case, the fields of each page will no longer be greyed out. You can then select the appropriate tab in the menu to go to the page you wish to update.

Death Registration Menu

Personal Information

- ✓ Decedent
- ✓ Resident Address
- ✓ Family Members
- ✓ Informant
- ✓ Disposition
- ✓ Decedent Attributes

Medical Certification

- ✓ Pronouncement
- ✓ Place of Death
- ✓ Cause of Death
- ✓ Other Factors
- ✓ Certifier

Other Links

- Attachments
- ✓ Comments
- Print Forms
- Refer to Coroner
- Relinquish Case
- Request Medical Certification
- Request Non Affiliated Certification
- Transfer Case
- Trade Calls

4875020 :Alan Moore JAN-27-2021
 /Personal Valid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Signature Required

Cause of Death

NCHS Recommendations for Entry of Cause of Death

Enter the chain of events- diseases, injuries, or complications- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

Cause of Death	Approximate Interval Onset to Death
Immediate Cause (Final disease or condition resulting in death)	
PART I Line a Hypoxia	2 weeks
Due to or as a consequence of	
Line b Covid 19	2 weeks
Due to or as a consequence of	
Line c	
Due to or as a consequence of	
Line d	
PART II Other significant conditions	

Validate Page Next Clear Save Return



Once you make the appropriate changes, make sure to save them using the **Save** button at the bottom of the page.

Death Registration Menu 4875020 :Alan Moore JAN-27-2021
/Personal Valid/Medical Valid/Not Registered/Unsigned/Uncertified/NA/Signature Required/Certification Required

Personal Information

- ✓ Decedent
- ✓ Resident Address
- ✓ Family Members
- ✓ Informant
- ✓ Disposition
- ✓ Decedent Attributes

Medical Certification

- ✓ Pronouncement
- ✓ Place of Death
- ✓ **Cause of Death**
- ✓ Other Factors
- ✓ Certifier

Other Links

- Attachments
- ✓ Comments
- Print Forms
- Refer to Coroner
- Relinquish Case
- Request Medical Certification
- Request Non Affiliated Certification
- Transfer Case
- Trade Calls

Cause of Death

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Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

Cause of Death	Approximate Interval Onset to Death
PART I Immediate Cause (Final disease or condition resulting in death) Line a Acute Hypoxia Hypercapnic Respiratory Failure ✓	16 days
Due to or as a consequence of Line b Severe Adult respiratory Distress Syndrome due to Covid-19 bilateral pneumonia ✓	16 days
Due to or as a consequence of Line c Severe Sepsis with septic shock due to Pseudomonas Aeruginosa ✓	16 days
Due to or as a consequence of Line d Acute Renal Failure due to sepsis and shock ✓	16 days
PART II Other significant conditions Anemia with Thrombocytopenia, Coronary Artery disease ✓	

Validate Page Next Clear Save Return



With the changes saved, click on the **Certifier** tab. Once there, click on the **Validate Page** button at the bottom.

Death Registration Menu 4875020 :Alan Moore JAN-27-2021
/Personal Valid/Medical Valid/Not Registered/Unsigned/Uncertified/NA/Signature Required/Certification Required

Personal Information

- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes

Medical Certification

- Pronouncement
- Place of Death
- Cause of Death
- Other Factors

Certifier

Certify

Other Links

- Attachments
- Comments
- Print Forms
- Refer to Coroner
- Relinquish Case
- Request Medical Certification
- Request Non Affiliated Certification
- Transfer Case
- Trade Calls

Certifier

Certifier Type: **Physician**

Certifier Name: [Search] [Refresh]

License Number: MD06

First: Death Middle: Certifier Last: Six Suffix:

Title:

Certifier Phone Number: () - -

Certifier Address

Edit Certifier Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
987		Easy	Skyway		

Zip Code	City or Town	State	Country
46201	Indianapolis	Indiana	United States

Date Signed: [Calendar Icon]

MMM-dd-yyyy

Validate Page **Clear** **Save** **Return**



Clicking the **Validate Page** button will cause the Certify tab to reappear.

Note: If the **Certify** tab does not reappear, it is usually because the case has gone past the five-day window following the Date of Death. To proceed you will need to go to **Comments** (under **Other Links**) and add a new comment under the **Comment Type: Late filing reason**.

Death Registration Menu

- Personal Information
 - Decedent
 - Resident Address
 - Family Members
 - Informant
 - Disposition
 - Decedent Attributes
- Medical Certification
 - Pronouncement
 - Place of Death
 - Cause of Death
 - Other Factors
 - Certifier**
- Other Links
 - Attachments
 - Comments
 - Print Forms
 - Refer to Coroner
 - Relinquish Case
 - Request Medical Certification
 - Request Non Affiliated Certification
 - Transfer Case
 - Trade Calls

4875020 :Alan Moore JAN-27-2021
/Personal Valid/Medical Valid/Not Registered/Unsigned/Uncertified/NA/Signature Required/Certification Required

Certifier

Certifier Type: **Physician**

Certifier Name: [Search] [Refresh]

License Number: MD06

First: Death Middle: Certifier Last: Six Suffix:

Title:

Certifier Phone Number: () - -

Certifier Address

Edit Certifier Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
987		Easy	Skyway		

Zip Code: 46201 City or Town: Indianapolis State: Indiana Country: United States

Date Signed: [Calendar icon]
MMM-dd-yyyy

Validate Page Clear Save Return



Once back on the **Certify** tab, re-check the box and click on the **Affirm** button.

Death Registration Menu	4875020 :Alan Moore JAN-27-2021
Personal Information	/Personal Valid/Medical Valid/Not Registered/Unsigned/Uncertified/NA/Signature Requir
✓ Decedent	Affirmations
✓ Resident Address	Affirm the following:
✓ Family Members	<input checked="" type="checkbox"/> certify that death occurred at the time, date and place indicated.
✓ Informant	*YOU MUST CLICK THE AFFIRM BUTTON BELOW TO COMPLETE THE CERTIFICATION*
✓ Disposition	
✓ Decedent Attributes	<input type="button" value="Affirm"/> <input type="button" value="Clear"/> <input type="button" value="Return"/>
Medical Certification	
✓ Pronouncement	
✓ Place of Death	
✓ Cause of Death	
✓ Other Factors	
✓ Certifier	
Certify	

The case will now appear as Certified.

Death Registration Menu	4875020 :Alan Moore JAN-27-2021
Personal Information	/Personal Valid/Medical Valid/Not Registered/Unsigned/Certified
✓ Decedent	Affirmations
✓ Resident Address	
✓ Family Members	Authentication successful.
✓ Informant	
✓ Disposition	<input type="button" value="Clear"/> <input type="button" value="Return"/>
✓ Decedent Attributes	
Medical Certification	
✓ Pronouncement	
✓ Place of Death	
✓ Cause of Death	
✓ Other Factors	
✓ Certifier	
✓ Certify	
Other Links	
Attachments	
✓ Comments	
Print Forms	



Amendment Process to *Registered* Records

From the **DRIVE Main Menu**, select **Life Events** > **Death** > **Locate Case**.



Enter as much decedent information as possible to narrow your search results and click Search.

Death Locate Case

Decedent's Information

First:	<input type="text" value="Alan"/>	Last:	<input type="text" value="Moore"/>	Date of Death:	<input type="text" value="FEB-19-2021"/>
				<small>MMM-dd-yyyy</small>	
Sex:	<input type="text" value=""/>	SSN:	<input type="text" value=""/>	Date of Birth:	<input type="text" value=""/>
				<small>MMM-dd-yyyy</small>	
Case Id:	<input type="text" value=""/>	ME Case Number:	<input type="text" value=""/>	Medical Record Number:	<input type="text" value=""/>
Place of Death Location Type:	<input type="text" value="County"/>	Place of Death:	<input type="text" value=""/>		

If a record is located, select **Preview**.

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
4875161	Moore, Alan	FEB-19-2021	Male	Adams	OCT-31-1973	<input type="button" value="Preview"/>

Total Records : 1



If it is the correct record, click the active link (**the decedent's name**) under the heading Decedent Name to open the record.

Death Search Results

Case Id	Decedent's Name ▲	Date of Death	Sex	Place of Death	Date of Birth	Preview
4875161	Moore, Alan	FEB-19-2021	Male	Adams	OCT-31-1973	Select

Total Records : 1

Preview

File Number: 2021000036 **File Date:** MAR-04-2021 **Coroner Case Number:**
Case Id: 4875161 **Medical Record Number:** **Date of Death:** FEB-19-2021
Decedent's Name: Alan Moore
Spouse's Name: Nada Surf **Marital Status:** Currently Married **SSN:** Unknown
Sex: Male **Date of Birth:** OCT-31-1973 **County:** Adams
City or Town of Death: Decatur
Place of Death: Adams Memorial Hospital
Residence: Berne Indiana, United States
Mother's Maiden Name: Ever When
Funeral Director: Funeral Director Six
Funeral Home: Abbott Funeral Home, 421 E. Main Street, Delphi
Medical Certifier: Death Certifier Six
Date Entered: FEB-19-2021 **Last Update Made By:** State Two Amendment
Status: /Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required/Local Registrar Filed

[Provisional Notification of Death](#)
[Working Copy](#)



Enter information in **Description** field *if desired*. Then click on **Save**.

4875161 2021000036 :Alan Moore FEB-19-2021 Amendment Exists

/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required/Local Registrar Filed

Amendment Page

Type	<input type="text" value="Medical"/>	Amendment Date	<input type="text" value="MAR-04-2021"/>
Year	2021	Amendment Number	762
Order Number	<input type="text"/>	Description	<input type="text" value="updating Cause of Death"/>
Amendment Status	Keyed (Requires Affirmation)		

Select Add Documentation to add documentary evidence to this amendment.

Add Documentary Evidence

Page to Amend

Cancel Amendment **Save** Clear Return



A new drop menu will appear with page selections to choose from. Select the appropriate page to update from **Page to Amend**.

4875161 2021000036 :Alan Moore FEB-19-2021 Amendment Exists

/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required/Local Registrar Filed

Amendment Page

Type	Medical	Amendment Date	MAR-04-2021
Year	2021	Amendment Number	762
Order Number		Description	updating Cause of Death
Amendment Status	Keyed (Requires Affirmation)		

Select Add Documentation to add documentary evidence to this amendment.

Add Documentary Evidence

Page to Amend

- Death - Certifier
- Death - Other Factors
- Death - Place of Death
- Death - Injury
- Death - Pronouncement
- Death - Resident Address
- Death - Cause of Death

Cancel Amendment

Save

Clear

Return



Once the page is selected from the drop menu, the page the be amended will populate below the drop menu fields.

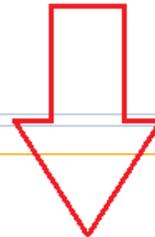
Amendment Page

Type	<input type="text" value="Medical"/>	Amendment Date	<input type="text" value="MAR-04-2021"/>
Year	2021	Amendment Number	762
Order Number	<input type="text"/>	Description	<input type="text" value="updating Cause of Death"/>
Amendment Status	Keyed (Requires Affirmation)		

Select Add Documentation to add documentary evidence to this amendment.

Add Documentary Evidence

Page to Amend



Cause of Death

NCHS Recommendations for Entry of Cause of Death

Enter the chain of events- diseases, injuries, or complications- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

Immediate Cause (Final disease or condition resulting in death)

PART I	<input type="text" value="Covid 19 infection"/>		<input type="text" value="2 weeks"/>
Line a	<input type="text"/>		<input type="text"/>
Line b	<input type="text"/>		<input type="text"/>
Line c	<input type="text"/>		<input type="text"/>
Line d	<input type="text"/>		<input type="text"/>
PART II	<input type="text"/>		
Other significant conditions			



Update the fields requiring changes and then scroll down to the bottom of the page and click **Save**. You can also select **Validate Amendment** to ensure the amendment passes validation rule checks.

Cause of Death

NCHS Recommendations for Entry of Cause of Death

Enter the chain of events- diseases, injuries, or complications- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

Immediate Cause (Final disease or condition resulting in death)

PART I Line a	<input type="text" value="Acute hypoxia Hypercapnic Respiratory Failure"/>		<input type="text" value="16 days"/>
Line b	<input type="text" value="Severe Adult Respiratory Distress Syndrome due to Covid-19 bilateral pneumonia"/>		<input type="text" value="16 days"/>
Line c	<input type="text" value="Severe Sepsis with Septic Shock due to Pseudomonas Aeruginosa"/>		<input type="text" value="16 days"/>
Line d	<input type="text" value="Acute Renal Failure due to Sepsis and shock"/>		<input type="text" value="16 days"/>
PART II Other significant conditions	<input type="text" value="Anemia with thrombocytopenia, Coronary Artery Disease"/>		



Once saved, a note appears at bottom of the page indicating the changes made. There will also be a line of **red text regarding affirmation**.

Amendment Page

The Amendment has not been affirmed. Please select Amendment Affirmation to Affirm the amendment.

Type	<input type="text" value="Medical"/>	Amendment Date	<input type="text" value="MAR-04-2021"/>
Year	2021	Amendment Number	762
Order Number	<input type="text"/>	Description	<input type="text" value="updating Cause of Death"/>
Amendment Status	Keyed (Requires Affirmation)		

Select Add Documentation to add documentary evidence to this amendment.

Add Documentary Evidence

Page to Amend

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Cause of Death-Line A Description	Covid 19 infection	Acute hypoxia Hypercapnic Respiratory Failure	Edit	Delete
Cause of Death-Line A Onset Interval	2 weeks	16 days	Edit	Delete
Cause of Death-Line B Description		Severe Adult Respiratory Distress Syndrome due to Covid-19 bilateral pneumonia	Edit	Delete
Cause of Death-Line B Onset Interval		16 days	Edit	Delete
Cause of Death-Line C Description		Severe Sepsis with Septic Shock due to Pseudomonas Aeruginosa	Edit	Delete
Cause of Death-Line C Onset Interval		16 days	Edit	Delete
Cause of Death-Line D Description		Acute Renal Failure due to Sepsis and shock	Edit	Delete
Cause of Death-Line D Onset Interval		16 days	Edit	Delete
Cause of Death-Other Significant Conditions		Anemia with thrombocytopenia, Coronary Artery Disease	Edit	Delete

Cancel Amendment

Validate Amendment

Save

Clear

Return



When you choose a page to update, a new Menu tab will appear atop the other menus. Once you have Saved your updates, select **Amendment Affirmation** from upper left under the **Amendments Menu** heading.



Click the box next to the affirmation statement to populate a checkmark in it, then click **Affirm**.

/Personal Valid/Medical Valid/Registered/Signed/Certified/ICD Coding Required/Local Registrar Filed

Affirmations

Affirm the following:

The original facts for the amended items were incorrectly stated at the time of death. I affirm that the amendment(s) requested is/are supported by documentation and will change the original record to reflect the true facts

Affirm

Clear

Return

A message indicating Authentication was successful will appear.

Affirmations

Authentication successful.

Clear

Return

The amendment(s) made will not display in the record until the Indiana Department of Health approves them. Once approved, under Messages there will be one displayed showing the amendment was approved. It will also indicate whether the amendment was rejected if applicable.

Messages

Send Message

Mark as Read

Remove from List

From	Subject	Message	Date Sent	
State Five Amendment	Case 4875161 Amendment Approved	The amendment submitted for: 4875161 ; Alan Moore, Event Date: FEB-19-2021 has been Approved .	3/4/2021 4:06:56 PM	<input type="checkbox"/>
Death Certifier Six	Amendment Submitted	An Amendment has been submitted for approval for: Case Id: 4875161 ; Alan Moore, Date of Death: FEB-19-2021.	3/4/2021 4:05:02 PM	<input type="checkbox"/>

